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DATE:
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YOUR REFERENCE NO.:
Application Serial No.: 09/987,849

OUR REFERENCE (C/M) NO.:
Atty. Docket No.: 006916.00010

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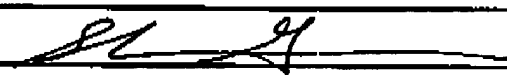
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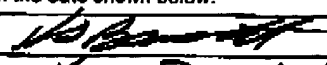
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/987,849
		Filing Date	November 16, 2001
		First Named Inventor	Viinikanoja
		Art Unit	2615
		Examiner Name	Lin Ye
Total Number of Pages in This Submission	18	Attorney Docket Number	008916.00010

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ENCLOSURES (check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Shawn P. Gorman		
Date	March 14, 2006	Reg. No.	56,197

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Kris Baustert	Date	3-14-06

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**

Complete If Known

Application Number	09/987,849
Filing Date	November 16, 2001
First Named Inventor	Viinikanoja
Examiner Name	Lin Ye
Art Unit	2815
Attorney Docket No.	006916.00010

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☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 400.00**METHOD OF PAYMENT (check all that apply)**

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- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ - 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 or HP = <u>2</u> x <u>200</u> = <u>400.00</u>		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	56,197	Telephone	312.463.5000
Name (Print/Type)	Shawn P. Gorman	Date	March 14, 2006		

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Appl. No.: 09/987,849
Response/Amendment dated March 14, 2006
Response to Non-Final Office Action dated December 19, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Jarkko Viinikanoja

Atty. Docket No.: 006916.00010

Serial No.: 09/987,849

Group Art Unit: 2615

Filed: November 16, 2001

Examiner: Lin Ye

For: Mobile Terminal Device Having
Camera System

Confirmation No.: 7575

RESPONSE AND AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is responsive to the Non-Final Office Action dated December 19, 2005.

The Examiner has set a three-month period for response making this response due on or before March 19, 2006. Applicant believes there is no fee due in association with the filing of this response, however, should there be any fees due the Commissioner is hereby authorized to charge any such fees or credit any overpayment of fees to Deposit Account No. 19-0733.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

03/15/2006 JBALINAN 00000065 190733 09987849

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